

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: John Joseph DiEnno et al. :
Serial No.: 09/682,422 : Art Unit: 3637
Filed: August 31, 2001 : Examiner: Hansen, James Orville
For: Ribbed Escutcheon for Appliance
Door Assembly :
:

**Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

TRANSMITTAL

1. Transmitted herewith is:
Transmittal (3 pages)
Amendment (10 pages)

STATUS

2. Applicant
 claims small entity status.
 is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
<input type="checkbox"/> first month	\$ 130.00	\$ 65.00
<input type="checkbox"/> second month	\$ 490.00	\$ 245.00
<input type="checkbox"/> third month	\$ 1,110.00	\$ 555.00

<input type="checkbox"/>	fourth month	\$1,730.00	\$ 865.00
<input type="checkbox"/>	fifth month	\$2,350.00	\$1,175.00
Fee:			\$ _____

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

- An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$_____

OR

- (b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)		SMALL ENTITY		OTHER THAN SMALL ENTITY
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA		ADDITIONAL RATE FEE		ADDITIONAL RATE FEE
TOTAL INDEP.	MINUS	MINUS	=	=	x \$26.00 = \$	OR	x \$52.00 = \$	
	—	—	=	=	x \$110.00 = \$		x \$220.00 = \$	
<u>— FIRST PRESENTATION OF MULTIPLE DEP. CLAIM</u>				+ \$195.00 = \$		+ \$390.00 = \$		
				TOTAL ADDITIONAL FEE \$		OR	TOTAL ADDITIONAL FEE \$	

- (a) No additional fee for Claims is required

OR

- (b) Total additional fee for claims required \$ _____

FEE PAYMENT

5. Attached is a check in the sum of \$_____

- Charge Deposit Account No. 01-2384 the sum of \$.

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. Other:



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